



GEORGIA MEDICAID FEE-FOR-SERVICE ANTIPSORIATIC AGENTS PA SUMMARY

Preferred	Non-Preferred
Generic topical corticosteroids (ex. betamethasone, clobetasol, fluocinonide, halobetasol, mometasone; most generic topical corticosteroids are preferred; list not all inclusive) Calcipotriene topical solution generic Dovonex cream (calcipotriene) Oxsoralen Ultra (methoxsalen) Soriatane (acitretin) Tazorac cream, gel (tazarotene)	Acitretin generic Calcipotriene cream, ointment generic Calcipotriene/betamethasone ointment generic Calcitriol ointment generic Methoxsalen generic Sorilux (calcipotriene foam) Taclonex Ointment (calcipotriene/betamethasone dipropionate) Taclonex Suspension (calcipotriene/betamethasone dipropionate) Vectical (calcitriol ointment)

LENGTH OF AUTHORIZATION: 1 Year

NOTES:

- ❖ PA criteria for Tazorac for members ≥ 30 years of age is found in the Topical Anti-Acne PA Summary.
- ❖ If generic calcitriol ointment is approved, the PA will be issued for brand Vectical.
- ❖ If generic calcipotriene/betamethasone ointment is approved, the PA will be issued for brand Taclonex.

PA CRITERIA:

For Acitretin

- ❖ Prescribers must submit a written letter of medical necessity stating the reason(s) the preferred product, brand Soriatane, is not appropriate for the member.

For Calcipotriene Topical Cream or Ointment Generic

- ❖ Approvable for members with plaque psoriasis who have tried and failed to receive therapeutic benefit from a generic topical corticosteroid and brand Dovonex cream.

For Calcitriol Ointment Generic, Sorilux or Vectical

- ❖ Approvable for members with mild to moderate plaque psoriasis who have tried and failed to receive therapeutic benefit from a generic topical corticosteroid and brand Dovonex cream.

For Taclonex Suspension

- ❖ Approvable for members with psoriasis of the scalp who have tried and failed to receive therapeutic benefit from a generic topical corticosteroid and calcipotriene solution.

For Calcipotriene/Betamethasone Ointment Generic or Taclonex Ointment



- ❖ Prescribers must submit a written letter of medical necessity stating the reason(s) the separate preferred products, Dovonex cream and betamethasone dipropionate 0.05%, are not appropriate for the member.

For Methoxsalen Generic

- ❖ Prescribers must submit a written letter of medical necessity stating the reason(s) the preferred product, brand OxSORALEN Ultra, is not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.